

**Submit by February 28, 2006**

<b>MAIL TO:</b> Office of Traffic and Highway Safety PO Box 7129 Boise, ID 83707-1129 <b>Phone No.: (208) 334-8100    FAX No.: (208) 334-4430</b>	<b>FOR OTHS USE ONLY</b>  <b>Primary Program Area: OTHS Staff Assignment:</b>	
<b>1. Agency:</b>  Street Address:  Mailing Address if different:  Tax Identification Number:  Contact Person:                  Phone No.:                  FAX No.:  Email :	<b>2. <u>Mark the Focus Areas that apply:</u></b>  <input type="checkbox"/> Safety Restraint Use <input type="checkbox"/> Impaired Driving <input type="checkbox"/> Aggressive Driving <input type="checkbox"/> Youthful Drivers <input type="checkbox"/> Roadway Safety/Traffic Record <input type="checkbox"/> EMS <input type="checkbox"/> Bicycle & Pedestrian <input type="checkbox"/> Other (specify below)	
<b>3. <u>BRIEFLY</u> describe proposed activities to reduce safety problem:</b>		
<b>4. Proposed Budget:</b>	<b><u>Agency Match</u></b>	<b><u>Grant Funds</u></b>
<b>a. PERSONNEL COSTS: (salary, benefits, travel, etc)</b>		
Example: Salary + Benefits X ___ hours X __ officers		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>b. OTHER COSTS:</b>		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>TOTALS</b>	\$ _____	\$ _____